

Work Order ID 117650

April-30-14 10:26:27 AM

Item ID: D3595-063-450

Revision ID:

Item Name: Rubber Cushion

Start Date: 4/30/14 Start Qty: 100.00 *100*

Required Date: 5/07/14 Req'd Qty: 100.00 *100*

Reference:

Approvals: Process Plan: MLS Date: 14-04-30
QC: Date:

Accept

N900040100

Setup Start

NS1

Stop

NS2

Cust Item ID:

Customer:

Run Start

NR1

Stop

NR2

Sequence ID/ Work Center ID	Operation Description
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Draw Nbr	Revision Nbr
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D3595	Rev A
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100	FLOW WATER JET
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100	Waterjet
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FLOW CNC Waterjet	Memo
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Rev A	1-Cut as per Dwg D3595 Dwg Rev: Rev A Prog Rev: A 2- Deburr if necessary
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110	QC2- Inspect parts off machine FAI/FAIB
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110	Memo
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QC	Quality Control
----	-----------------

120	QC8- Inspect parts - second check
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120	Memo
-------	------

QC	Quality Control
----	-----------------

Tooling:	Date:
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SPC (Y/N):	Date:
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Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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0.00							
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0.00							
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248
27
9.49
0.00 14 SIS

ISI

m/14.05.03

ISI

m/14.05.03

Page 1

DQA: _____ Date: _____



QA Closed: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

Work Order update only

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS					
Part No. _____			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>			
NCR No. _____			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>			
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>			
			Suspected Unapproved <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>				
Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Design										
Doc/Data										
Equip/Tooling										
Handling/Pre										
Material										
Operator										
Offset/Setup										
Process										
Supplier										
Training										
Transport										
Unapproved										
FAULT CATEGORY										
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function <input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence						
				<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Other						
				<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled						

Work Order ID 117650

April-30-14 10:26:27 AM

Item ID: D3595-063-450

Revision ID:

Item Name: Rubber Cushion

Start Date: 4/30/14 Start Qty: 100.00

Required Date: 5/07/14 Req'd Qty: 100.00

Reference:

Approvals:

Process Plan:

Date:

QC:

Date:

Accept

N900040100

Setup

Start

NS1

Stop

NS2

Cust Item ID:

Customer:

Run

Start

NR1

Stop

NR2

Sequence ID/
Work Center ID

Operation
Description

130

130

Packaging

Packaging

Identify as per dwg & Stock Location: LG051

140

140

QC

Quality Control

QC21- Final Inspection - Work Order Release

Memo

Set Up/
Run Hours

0.00

0.00

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

151/X

DAS
28
9.89

MAY 05 2014

MUJ 1405-06

MUJ 14-05-05

DQA: _____ Date: _____

Date:

QA Closed: _____ Date: _____

Date:

WORK ORDER NON-CONFORMANCE / UPDATE



Work Order update only

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>				
Part No. _____			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>				
NCR No. _____			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>				
			Suspected Unapproved <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>					
Root Cause		Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Design <input type="checkbox"/>	Doc/Data <input type="checkbox"/>										
Equip/Tooling <input type="checkbox"/>											
Handling/Pre <input type="checkbox"/>											
Material <input type="checkbox"/>											
Operator <input type="checkbox"/>											
Offset/Setup <input type="checkbox"/>											
Process <input type="checkbox"/>											
Supplier <input type="checkbox"/>											
Training <input type="checkbox"/>											
Transport <input type="checkbox"/>											
Unapproved <input type="checkbox"/>											
FAULT CATEGORY											
Landing Gear			General								
			Bending <input type="checkbox"/>	Bend <input type="checkbox"/>	Folio/Program <input type="checkbox"/>	Outside Dimensions <input type="checkbox"/>	Pressure/Forced <input type="checkbox"/>				
			Centre Not Concentric <input type="checkbox"/>	BOM/Route <input type="checkbox"/>	Grain <input type="checkbox"/>	Over/Under tolerance <input type="checkbox"/>	Set-up <input type="checkbox"/>				
			Cracks <input type="checkbox"/>	Broken/Damage/Defect <input type="checkbox"/>	Hardware <input type="checkbox"/>	Part Incorrect <input type="checkbox"/>	Temperature/Cure <input type="checkbox"/>				
			Crimp/Kink/Ripple/Wave <input type="checkbox"/>	Burrs <input type="checkbox"/>	Inspection Incomplete/Unqualified <input type="checkbox"/>	Part Lost/Missing <input type="checkbox"/>	Weld <input type="checkbox"/>				
			Cuffs <input type="checkbox"/>	Contamination <input type="checkbox"/>	Instructions Incomplete/Unclear <input type="checkbox"/>	Part Moved <input type="checkbox"/>	Wrong Stock Pulled <input type="checkbox"/>				
			Crushing <input type="checkbox"/>	Countersink <input type="checkbox"/>	Misaligned/off center <input type="checkbox"/>	Positioned Wrong <input type="checkbox"/>					
			Heat Treat <input type="checkbox"/>	Cut Too Short <input type="checkbox"/>	Mislabeled <input type="checkbox"/>	Power Loss/Surge <input type="checkbox"/>					
			Inspection Strip in Tube <input type="checkbox"/>	Drawing <input type="checkbox"/>	Misread <input type="checkbox"/>						
			Marks/Chatter <input type="checkbox"/>	Drill Holes <input type="checkbox"/>	Off-set <input type="checkbox"/>						
			Turning Sequence <input type="checkbox"/>	Finish <input type="checkbox"/>	Out of Calibration <input type="checkbox"/>						
			Wave/Twist in Tube <input type="checkbox"/>	Fit/Function <input type="checkbox"/>	Out of Sequence <input type="checkbox"/>						
<input type="checkbox"/> Other _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____											

Picklist Print

Page 1

April-30-14 10:26:31 AM

Work Order ID: 117650

Parent Item: D3595-063-450

Parent Item Name: Rubber Cushion

117650
D3595-063-450

Start Date: 4/30/14

Start Qty: 100.00

Required Date: 5/07/14

Required Qty: 100.00

Comments: IPP Rev:A New Issue 07-08-07 JLM Verified By:

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
MNEO80S.125		Purchased	No			100	sf	723.5344	0.0196	3		mm	14/05/03

MNEO80S 125

NEOPRENE SHEET 0.125

Location	Loc Qty	Loc Code
MAT052	723.5344	
115916 94539	131.1044	
	592.43	5.0

5.0

DQA: _____ Date: _____

Date: .

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Date:

Work Order update only



DART AEROSPACE LTD	Work Order:	117650
Description: Rubber Cushion	Part Number:	D3595-063-450
Inspection Dwg: D3595	Rev: A	Page 1 of 1

FIRST ARTICLE INSPECTION CHECKLIST

X First Article Prototype

DAS

Measured by:	Mr. <i>[Signature]</i>	Audited by:	21 9-59	Prototype Approval:	N/A
Date:	14/05/03	Date:	19/5/03	Date:	N/A
Rev	Date	Change		Revised by	Approved
A	08.01.23	New Issue		KJ/EC/DD <i>[Signature]</i>	<i>[Signature]</i>

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____

Date: _____

Work Order update only

Work Order: _____

DISPOSITION

AGAINST DEPARTMENT/PROCESS

Rework Skid-tube Water Jet Engineering Scrap Machining Prod. Eng. Coor. Quality Use-as-is Thermoforming Rec/Store/Packaging Other Suspected Unapproved Large Fab Supplier

NCR No. _____

Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

FAULT CATEGORY

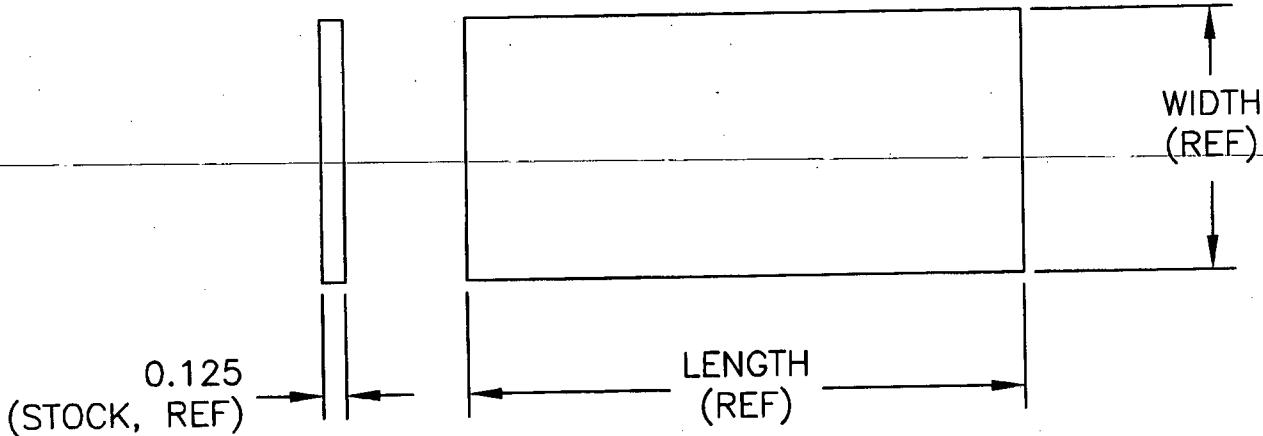
Landing Gear	General					
	<input type="checkbox"/> Bending	<input type="checkbox"/> Bend	<input type="checkbox"/> Folio/Program	<input type="checkbox"/> Outside Dimensions	<input type="checkbox"/> Pressure/Forced	
	<input type="checkbox"/> Centre Not Concentric	<input type="checkbox"/> BOM/Route	<input type="checkbox"/> Grain	<input type="checkbox"/> Over/Under tolerance	<input type="checkbox"/> Set-up	
	<input type="checkbox"/> Cracks	<input type="checkbox"/> Broken/Damage/Defect	<input type="checkbox"/> Hardware	<input type="checkbox"/> Part Incorrect	<input type="checkbox"/> Temperature/Cure	
	<input type="checkbox"/> Crimp/Kink/Ripple/Wave	<input type="checkbox"/> Burrs	<input type="checkbox"/> Inspection Incomplete/Unqualified	<input type="checkbox"/> Part Lost/Missing	<input type="checkbox"/> Weld	
	<input type="checkbox"/> Cuffs	<input type="checkbox"/> Contamination	<input type="checkbox"/> Instructions Incomplete/Unclear	<input type="checkbox"/> Part Moved	<input type="checkbox"/> Wrong Stock Pulled	
	<input type="checkbox"/> Crushing	<input type="checkbox"/> Countersink	<input type="checkbox"/> Misaligned/off center	<input type="checkbox"/> Positioned Wrong	<input type="checkbox"/> Other	
	<input type="checkbox"/> Heat Treat	<input type="checkbox"/> Cut Too Short	<input type="checkbox"/> Mislabeled	<input type="checkbox"/> Power Loss/Surge		
	<input type="checkbox"/> Inspection Strip in Tube	<input type="checkbox"/> Drawing	<input type="checkbox"/> Misread			
	<input type="checkbox"/> Marks/Chatter	<input type="checkbox"/> Drill Holes	<input type="checkbox"/> Off-set			
	<input type="checkbox"/> Turning Sequence	<input type="checkbox"/> Finish	<input type="checkbox"/> Out of Calibration			
	<input type="checkbox"/> Wave/Twist in Tube	<input type="checkbox"/> Fit/Function	<input type="checkbox"/> Out of Sequence			

DART

DESIGN <i>PH</i>	DRAWN BY <i>PH</i>	DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA		
CHECKED <i>HH</i>	APPROVED <i>HH</i>	DRAWING NO. D3595	REV. A	SHEET 1 OF 1
DATE 07.02.07	TITLE RUBBER CUSHION			SCALE NTS
A	07.02.07	NEW ISSUE		

~~RELEASED~~07.02.07 *HH*

SPECIFICATION CONTROL DRAWING



SPECIFICATION: D3595-XXX-YYY RUBBER CUSHION

11/16/07
05-h01

EG: 0.75" x 4.30" RUBBER CUSHION = D3595-075-430

NOTES

- 1) MATERIAL: BLACK NEOPRENE SHEET, 0.125 THICK,
80 DUROMETER (REF DART SPEC. M-NE080-S.125)
- 2) FINISH: NONE
- 3) ALL DIMENSIONS ARE IN INCHES
- 4) TOLERANCES ARE PER DART QSI 018 UNLESS OTHERWISE NOTED

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DQA: _____ Date: _____



QA Closed: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

Work Order update only

Work Order: _____	DISPOSITION			AGAINST DEPARTMENT/PROCESS					
Part No. _____	Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>				
NCR No. _____	Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>				
	Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>				
	Suspected Unapproved <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>					

Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

FAULT CATEGORY

Landing Gear		General									
Bending	<input type="checkbox"/>	Bend	<input type="checkbox"/>	Folio/Program	<input type="checkbox"/>	Outside Dimensions	<input type="checkbox"/>	Pressure/Forced			
Centre Not Concentric	<input type="checkbox"/>	BOM/Route	<input type="checkbox"/>	Grain	<input type="checkbox"/>	Over/Under tolerance	<input type="checkbox"/>	Set-up			
Cracks	<input type="checkbox"/>	Broken/Damage/Defect	<input type="checkbox"/>	Hardware	<input type="checkbox"/>	Part Incorrect	<input type="checkbox"/>	Temperature/Cure			
Crimp/Kink/Ripple/Wave	<input type="checkbox"/>	Burrs	<input type="checkbox"/>	Inspection Incomplete/Unqualified	<input type="checkbox"/>	Part Lost/Missing	<input type="checkbox"/>	Weld			
Cuffs	<input type="checkbox"/>	Contamination	<input type="checkbox"/>	Instructions Incomplete/Unclear	<input type="checkbox"/>	Part Moved	<input type="checkbox"/>	Wrong Stock Pulled			
Crushing	<input type="checkbox"/>	Countersink	<input type="checkbox"/>	Misaligned/off center	<input type="checkbox"/>	Positioned Wrong	<input type="checkbox"/>				
Heat Treat	<input type="checkbox"/>	Cut Too Short	<input type="checkbox"/>	Mislabeled	<input type="checkbox"/>	Power Loss/Surge	<input type="checkbox"/>	Other			
Inspection Strip in Tube	<input type="checkbox"/>	Drawing	<input type="checkbox"/>	Misread	<input type="checkbox"/>		<input type="checkbox"/>				
Marks/Chatter	<input type="checkbox"/>	Drill Holes	<input type="checkbox"/>	Off-set	<input type="checkbox"/>		<input type="checkbox"/>				
Turning Sequence	<input type="checkbox"/>	Finish	<input type="checkbox"/>	Out of Calibration	<input type="checkbox"/>		<input type="checkbox"/>				
Wave/Twist in Tube	<input type="checkbox"/>	Fit/Function	<input type="checkbox"/>	Out of Sequence	<input type="checkbox"/>		<input type="checkbox"/>				